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PTO/SB/17 (12-04)

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187	- 18								
APADE ON 12/08/2004.			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Application Number 1		10/660,624				
FEE TRANSMITTAL			Filing Date Sep		September 12,	September 12, 2003			
For FY 2005			First Named Inventor		HIRONORI MASUI ET AL.				
Applicant claims sn	nall antity stat	115 Soo 27 C E E	1 27	Examiner Nam	е	Thomas A. Mo	rrison		
Applicant claims si	man emuty stat	us. See 37 C.F.F	. 1.27	Art Unit		3653			
TOTAL AMOUNT OF PA	AYMENT	(\$) 0.00		Attorney Docke	t No.	03500.017552			
METHOD OF PAYMENT (check all that apply)									
Check C	redit Card	Money C	Order	None	Ot	her (please ident	tify):		
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional ree(s) or underpayments or fee(s) under 37 C.F.R. 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
	CH AND EX	AMINATION FEE	-s		4500				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAF				RCH FEES EXAMINATION FE			:S		
Application Time		Entity	F 16	Small Entity	F(	Small Entity	F	Data (e)	
Application Type		<del>: (\$)</del>	Fee (\$		Fee(		rees	Paid (\$)	
Utility Design		50 00	500 100	* *	20 13				
Plant		00	300		16				
Reissue	300 1	50	500	250	60	0 300			
2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Small Entity Fee(\$) Fee(\$) 25 25 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20									
Total Claims	Extra Claims	Fee (\$)	Fee Pa	id (\$)	Multir	ole Dependent Clai			
11 - 20 or HP = HP = highest number of		x 0 = aid for, if greater	than 20	<u>)                                    </u>	<u> </u>	<u>ee(\$)</u> <u>F</u>	ee Paid (\$)		
Indep. Claims	Extra Clain	ns Fee(\$)		Fee Paid (\$)	_	0	0	ì	
				rectain (v)					
1 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3									
<ol> <li>APPLICATION SIZE FEE         If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).     </li> </ol>									
Total Sheets Ex	ktra Sheets	Number o	of each ac	dditional 50 or frac	tion there	eof Fee (\$	) <u>Fee</u>	Paid (\$)	
- 100 =		_ / 50 =		(round up to a	a whole nu	umber) x	=		
4. OTHER FEE(S)								s Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other:									
SUBMITTED BY 1/16 /									
SUBMITTED BY  Signature  Registration No.  Telephone									
Signature	- , ,	, ,, , , ,		I KENISITAT	IDD IVO		LOIDUNA		

SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 30,110

Name (Print/Type)

Lawrence A. Stahl

Date: April 28, 2005



03500.017552

BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 3653

**PATENT APPLICATION** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: Thomas A. Morrison
HIRONORI MASUI ET AL.	)	•
	:	Group Art Unit: 3653
Application No.: 10/660,624	)	
	:	Confirmation No.: 6137
Filed: September 12, 2003	)	
	:	
For: SHEET ALIGNING APPARATUS	)	April 28, 2005

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## **AMENDMENT AFTER FINAL REJECTION**

Sir:

In response to the Office Action mailed March 7, 2005, Applicants submit the following amendments and remarks.